SECTION CONTENTS

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SEPARATION PROCESS

OVERVIEW

Introduction

This manual section delineates the policies and procedures involved with the various methods by which a judicially committed or MDO patient can be separated from the program. The methods, criteria and terminology differ significantly for MDO parolee/patients.

Clinical Rationale

All requests for separating or terminating patients from the CONREP program will include specific justifications for the recommendation, including the clinical rationale. The recommendation shall also address public safety considerations and statutory issues relevant to the patient' legal status.

Summary of Separation Methods

Each of the methods has been considered separately. The identified methods of separating or terminating from the CONREP program are**:**

* **Revocation for judicially committed and PC 2970 MDO patients** which is a court determination to revoke outpatient status;

* **Rehospitalization for MDO** parolee/patients which is a determination by a DMH Hearing Officer to return the person to inpatient status (does not involve the Board of Prison Terms);

* **Parole Revocation for MDO** parolee/patients which is a determination by the parole agent to return the parolee to jail or prison;

* **Transfer to an Inpatient Facility;**

* **Transfer** of any CONREP patient **from one CONREP program to another**;

* **Discharge for judicially committed and PC 2970 MDO patients** in which the court

formally terminates the commitment to treatment;

OVERVIEW

Summary of Separation Methods (cont.)

* **Discharge for MDO** parolee/patient if:

  1. The BPT does not extend special parole condition or terminates parole; or

  2. DMH certifies to the BPT that the parolee/patient is "in remission";

* **Discharge for SOCP WIC 6604** patients; or

* **AWOL** whereby a CONREP patient is Absent Without Leave and not receiving treatment and supervision as ordered by the court or BPT.

Status of Patient Record

Inactive Status

The patient record shall be maintained on inactive status when the patient remains under a legal commitment, but has been incarcerated or AWOL for four or more months and the court refuses to terminate outpatient status.

Closure

A patient's chart may be closed when the program has received formal notification of:

* Court revocation of outpatient status for judicially committed patients;

* Court termination of the commitment for treatment for judicially committed patients;

* Parole revocation for an MDO parolee/patient; or

* DMH Certification of Remission for an MDO parolee/patient.

OVERVIEW

Status of Patient Record (cont.)

Record Retention and Disposition	Programs will store patient records for a minimum of 7 years after patient death or discharge. Programs that maintain patient clinical records beyond 7 years will do so pursuant to internal policy or legal counsel recommendation. The method of disposal of all materials containing confidential patient information shall protect their confidentiality.
Patient Transfer	If a patient is transferred from one program to another, a photostat copy of the original record is sent to the new program. The original treating program retains the original record for a minimum of 7 years.
Continuity of Care for Discharged Patients	Many patients will be in need of continued treatment and case management services following discharge from CONREP. The primary therapist shall refer the patient to appropriate resources in the community to promote continuity of care. Whenever possible, discharge planning should be accomplished by using the Transitional and Aftercare Levels of Core Services (see **Section 1340: CORE SERVICES**).
Clozapine Patients	Prior to the discharge of any patient receiving clozapine who is being followed by the Statewide Clozapine Coordinator, notification and information needs to be forwarded to the coordinator. (See **Section 1520: CLOZAPINE TREATMENT** for further information.)

REVOCATION: JUDICIALLY COMMITTED PATIENTS

Revocation Procedures

Program Policies

Each program's Policy and Procedure Manual is to contain procedures that include the criteria for which patients will be reviewed for rehospitalization pending a hearing. These procedures should also specify those persons and agencies to be contacted, transportation arrangements (see below) and completion of the appropriate rehospitalization referral packet.

Initial Court Petition

Pursuant to PC 1608, a CONREP program shall notify the superior court and request a hearing to revoke outpatient status of a judicially committed or PC 2970 MDO patient when the program determines the patient is:

* In need of extended inpatient treatment; or
* Not amenable to or refuses to accept further outpatient treatment and supervision services.

The prosecuting attorney may also petition the court for a hearing to revoke outpatient status when, in his/her opinion, the patient poses a danger to the health and safety of others [PC 1609]

Criteria for Revocation

Criteria for revocation include these behaviors. The patient:

* Is AWOL for two consecutive weeks;
* Commits an unlawful act;
* Uses illegal drugs &/or prohibited substances;
* Decompensates requiring long term treatment in a secure inpatient facility;
* Exhibits behavior which contributed to the offense(s);
* Refuses to take prescribed medication;
* Fails to comply with the Terms and Conditions of Outpatient Treatment (e.g., refuses to accept monitoring and supervision or participate in treatment services); and/or

* Refuses to consider alternatives to hospitalization.

REVOCATION: JUDICIALLY COMMITTED PATIENTS

Revocation Procedures (cont.)

Warning Letters	Whenever possible, prior to a recommendation to the court to revoke a patient's outpatient status, a letter of warning should be sent to the patient followed by face-to-face discussion of the matter.
Involuntary Confinement [PC 1610]	Pending the hearing for revocation, but subsequent to the filing of the report with the court, the patient may be apprehended and involuntarily confined in a facility approved by the Community Program Director. The facility may be a state hospital, local inpatient treatment facility or, under specific circumstances, a county jail. Involuntary confinement is to be utilized when the program determines that the patient poses a danger to self or others if allowed to remain in the community and that to delay confinement poses an imminent risk of harm to the patient or others.
Apprehension of Patient	PC 1610 may be invoked by utilizing form **MH 1718, CONREP Involuntary Hospitalization Pending Revocation Hearing**, which can be presented to the local police and/or sheriff. Information regarding the patient's circumstances, legal commitment, last known whereabouts, and physical description should also be provided. The inpatient treatment facility in which the patient is to be confined must be designated. Request notification of the patient's apprehension.
Transportation of Patient	Programs will have pre-established, cost effective and clinically appropriate contracted arrangements for emergency transportation of patients from program offices and subcontractor sites in case of rehospitalization.

REVOCATION: JUDICIALLY COMMITTED PATIENTS

Revocation Procedures (cont.)

Transportation of Patient (cont.)

A policy and procedure shall identify the transportation agency's 24 hour contact phone number and procedures to follow for ordering the service, as well as the names of staff members who are authorized to order transportation services in an emergency.

Hospital Placement for MDO Civil Commitment Patients

While awaiting a court hearing to revoke their outpatient status, MDO Civil Commitment [PC 2972] patients may be temporarily admitted at:

* Napa State Hospital -- Male and female patients from the North;
* Atascadero State Hospital -- any male; or
* Patton State Hospital -- Males and females.

Court Report

Submission

A written report to the court is submitted as soon as the CONREP program decides to recommend that outpatient status should be revoked. The request for revocation may be submitted to the committing or presiding judge of the superior court in either the county of treatment or county of commitment.

General Contents

The report should be concise, yet include specific factual observations and all necessary information to justify the request. Provide the court with the patient's name and the court case number. The request should also contain language requesting the court to schedule the revocation hearing pursuant to PC 1608 within fifteen (15) judicial days. All reports to the court are to be signed/countersigned by the Community Program Director. Copies of the revocation letter and most recent quarterly court report should be sent to the state hospital to which the patient is to be revoked.

REVOCATION: JUDICIALLY COMMITTED PATIENTS

Court Report (cont.)

Legal Status

The revocation report needs to include a brief statement regarding the patient's legal status and current commitment to CONREP. Also provide the following specific information:

* Type of commitment:
  1. PC 1026;
  2. PC 1370;
  3. WIC 6316;
  4. WIC 6604;
  5. WIC 702.3; or
  6. PC 2970;

* Nature of the original offense:
  1. Approximate date;
  2. Legal charge;
  3. Use of a weapon;
  4. Victim(s) age and sex;
  5. Relationship to victim; and/or
  6. Use of alcohol/illegal drugs;

* Commitment to an inpatient treatment facility prior to placement on outpatient status:

  1. Dates of commitment; and
  2. Name of facility;

* Commitment to an outpatient treatment program prior to transfer to present program:

  1. Dates of commitment; and
  2. Name of facility(ies).

Current Community Status

Provide brief statements regarding the patient's overall status in the community, including the following:

* Living arrangement;
* Employment/training; and
* Social/recreational/family activities.

REVOCATION: JUDICIALLY COMMITTED PATIENTS

Court Report (cont.)

Status in Treatment	Provide specific information regarding the patient's current involvement in treatment, including the following: * Current treatment program; * Level of participation and involvement in the treatment process; * Medication compliance; * Diagnosis/prognosis; and * Infractions of Terms and Conditions of Outpatient Treatment.
Justification	Provide specific information to justify the recommendation for revocation. For a MDO Civil Commitment patient, the standard for revocation is that the person cannot be safely and effectively treated on an outpatient basis [PC 2972(d)]. Include the following: * Nature of the problem; * Date(s) of occurrence; * Current mental status; * Dangerousness to self and others; and * Need for treatment/secure setting.
Recommendation	In addition to recommending revocation of the patient's outpatient status, specify where the patient is to be committed for further inpatient treatment. When the patient has incurred new legal charges, request that the court not act on the recommendation to revoke until the pending charges have been disposed.
Request for Continuance	Should the Community Program Director believe that the patient may be able to be returned to outpatient status in a period of time greater than that provided by the statutory fifteen (15) judicial day deadline, the program may attempt to negotiate a continuance with the court.

REVOCATION: JUDICIALLY COMMITTED PATIENTS

Court Report (cont.)

Request for Continuance (cont.)

Any negotiation should always involve the patient's attorney or public defender, the district attorney, the court and the patient. If an agreement is reached, the CONREP program should request that a court order continuing the hearing be executed and request that a copy be sent to the state hospital where the patient is being treated. Agreements signed only by the patient or by the judge ex parte are not sufficient to continue involuntary treatment beyond the fifteen (15) day limit.

Court Hearing

Upon receipt of the written request from CONREP to revoke outpatient status, the court will calendar a hearing and will notify the Community Program Director of the hearing date. CONREP should also inform the patient of the hearing date.

At the hearing, the court will determine whether it will approve or deny the recommendation for revocation. If the treating county (and hearing court) is different from the county of commitment, a copy of the court order must be sent to the committing court. When a disposition has been made, the Community Program Director will receive a copy of the court order.

Disposition

Court Approval

The court may revoke outpatient status and order the patient placed in a state hospital or other inpatient treatment facility approved by the Community Program Director.

Court Denial

The court may deny the request to revoke outpatient status and order the Community Program Director to continue to treat the patient in the community.

REHOSPITALIZATION: MENTALLY DISORDERED OFFENDER

DMH Responsibility

Each MDO was convicted of a crime, served a prison term and is currently on CDC parole. Mental health treatment is a condition of parole. DMH shares supervision responsibility with CDC and has sole treatment authority. Rehospitalization of MDO parolee/patients may be utilized without activating CDC parole revocation procedures, though the parole agent should be notified.

Criteria

When an MDO parolee/patient can no longer be safely or effectively treated on an outpatient basis, CONREP may certify him/her to be rehospitalized in a secure treatment facility pending a DMH hearing.

Note: The CONREP community outpatient treatment sequence [PC 1600 et seq.] does not apply to PC 2962 MDOs. It does apply to PC 2970 MDOs who are civilly committed. See PC 2972(d) for revocation standard.

Apprehending the Patient

The CONREP program is responsible for apprehending the patient (by the CDC parole agent, local police, or other means) and transporting the patient to a secure mental health facility.

Documentation

At the time of admission, the Community Program Director shall complete form **MH 1791, Certification of Placement in a Secure Mental Health Facility Pursuant to PC 2964**.

Within 72 hours of the initial placement, the Community Program Director shall complete form **MH 1792, Final Report/Placement in a Secure Facility Pursuant to PC 2964**, and shall submit it to the Hospital Forensic Coordinator of the treating state hospital.

REHOSPITALIZATION: MENTALLY DISORDERED OFFENDER

Notification

When a parolee/patient is admitted to an inpatient facility, the CONREP program shall immediately notify the DMH Headquarters' Hearing Officer and the CDC parole agent.

72 Hour Local Limit

A parolee/patient may be rehospitalized for no more than 72 hours in a local secure facility prior to being transferred to a state hospital. Within those first 72 hours of placement in a secure treatment facility, the CONREP Program Director shall decide whether the parolee/patient will need treatment beyond the 72 hour crisis intervention period. If so, the parolee/patient shall be transferred to a designated state hospital which shall admit the patient pending a security evaluation.

State Hospital Placement

While awaiting a DMH Rehospitalization Hearing, MDO parolee/patients may be rehospitalized at:

* Napa State Hospital -- Male and female patients from the North;
* Metropolitan State Hospital -- Male patients from the South;
* Atascadero State Hospital -- Any male patient; or
* Patton State Hospital -- Any female patient.

Hospital Security Evaluation

For all MDO parolees admitted to Napa and Metropolitan State Hospitals, the hospital Medical Director shall evaluate (within 24 hours of admission) whether the patient exceeds the hospital's security limitations. If the patient is found to exceed these limitations, the hospital shall arrange for the patient's immediate transfer to Atascadero State Hospital or Patton State Hospital, as appropriate.

REHOSPITALIZATION: MENTALLY DISORDERED OFFENDER

DMH Rehospitalization Hearing Procedures

Timeline	Within 15 calendar days (weekends and holidays included) of the original placement in a secure facility, DMH shall conduct a hearing in the state hospital, unless "good cause" exists. If "good cause" exists, the hearing must be held within 21 days.
"Good Cause" for Extension	"Good cause" is defined as the inability to secure counsel, an interpreter or witnesses for the hearing within the 15 day time period. The "good cause determination" shall be made only by the DMH Hearing Officer in consultation with the DMH Headquarters Hearing Office.
CONREP Participation	The Community Program Director shall make the outpatient medical record available at the DMH Rehospitalization Hearing and shall attend the hearing prepared to support the decision that the patient can no longer be safely or effectively treated on an outpatient basis.
Hearing Disposition	If the DMH Hearing Officer determines that the patient requires further inpatient treatment, he/she will be transferred immediately to either Atascadero (males) or Patton (females) State Hospital. The hospitalization will continue until the parolee/patient can be safely and effectively treated in the community. If the DMH Hearing Officer determines that the parolee/patient can be safely and effectively treated in the community, the Community Program Director shall coordinate with the CDC Parole Agent for immediate implementation of that finding.

REHOSPITALIZATION: MENTALLY DISORDERED OFFENDER

Clarification of Responsibilities

Community Program Director	It is the responsibility of the Community Program Director to: * Coordinate the MDO parolee/patient's rehospitalization while outside of the state hospital; * Make the rehospitalization decision; * Arrange for apprehension of the parolee/patient (by CONREP, by CDC Parole Agent, or by local police) and transportation to a secure mental health facility; * Notify DMH Headquarters Hearing Office of rehospitalization; * Evaluate whether parolee/patient can be released within 72 hours or must be sent to a state hospital; * Arrange transfer to appropriate state hospital and coordinate admission with State Hospital Forensic Coordinator; * Complete and distribute forms MH 1791 and MH 1792 and in a timely fashion; * Send a copy of the most recent quarterly report to the State Hospital Forensic Coordinator along with form MH 1792; * Make CONREP medical record available at hearing and attend the hearing; and * Coordinate with CDC Parole Agent regarding immediate movement of parolee back into outpatient status if the parolee/patient is to return to the community.

REHOSPITALIZATION: MENTALLY DISORDERED OFFENDER

Clarification of Responsibilities (cont.)

State Hospital Forensic Coordinator	It is the responsibility of the State Hospital Forensic Coordinator to: * Assist with admission; * Serve patient with copy of form **MH 1793, Notice of DMH Hearing**, advise patient of rights and determine needs (attorney, interpreter) in a timely manner; * Request hearing officer assignment and appointment of attorney and/or interpreter from DMH Headquarters; * Advise headquarters of details of apparent "good cause" for extension of hearing deadline; * Ensure that all elements of the hearing are available and in place at the scheduled time and site; and * Notify CDC Parole Agent of outcome of hearing.

REHOSPITALIZATION: MENTALLY DISORDERED OFFENDER

Clarification of Responsibilities (cont.)

Headquarters' Hearing Office	It is the responsibility of the Headquarters' Hearing Office to: * Track the rehospitalization hearing process from notification through disposition and inform either the Community Program Director or State Hospital Forensic Coordinator of any problems meeting the deadline; * Schedule rehospitalization hearings within 15 days or determine that "good cause" exists for an extension; * Appoint and pay hearing officer, attorneys, and/or interpreters; * Maintain hearing tracking form; and * Maintain secure central storage of hearing files and tape recordings.

PAROLE REVOCATION: MENTALLY DISORDERED OFFENDER

CDC Responsibility

Certification for mental health treatment pursuant to PC 2962 does not eliminate the requirement that Department of Corrections (CDC) parole agents report the parolee/patient's behavior to the Board of Prison Terms (BPT) as specified in BPT Rules Section 2616(a).

Parole Violation

A parolee on MDO outpatient status may have his/her CDC parole status revoked by a parole agent if he or she violates any condition of CDC parole, including the special condition of MDO mental health treatment.

CDC Placement Notification [PC 2964(a)]

Pending CDC parole revocation, the CDC parole agent may place the parolee in a State correctional facility. The parole officer must consult with the CONREP Community Program Director before deciding to revoke the parole and return the parolee to prison.

TRANSFER TO INPATIENT TREATMENT PROGRAM

Judicially Committed Patients

The procedures on this page apply to those patients who are judicially committed to CONREP outpatient treatment or civilly committed MDO patients under PC 2970. For MDO rehospitalization procedures, please refer to **Rehospitalization: Mentally Disordered Offender** earlier in this section.

Criteria

A judicially committed patient may be transferred to an inpatient treatment facility without affecting his/her outpatient status. Some of the reasons for hospitalization include:

* Decompensation which may require a brief period of inpatient treatment;
* Medication stabilization;
* Depression with suicidal ideation;
* Behavior which may be potentially dangerous to self and others; and/or
* Grave disability.

Involuntary Commitment

A patient may be involuntarily committed to an inpatient treatment facility under either:

* WIC 5150 - involuntary 72 hour civil commitment; or
* PC 1610 - involuntary hospitalization pending revocation of outpatient status.

Voluntary Commitment

A patient may request placement or may be voluntarily placed in an inpatient treatment facility for a brief period of time. The primary therapist, with the concurrence of the Community Program Director, will contact the facility and arrange for the patient's admission.

TRANSFER TO OTHER CONREP PROGRAM

Criteria

A patient (either judicially committed or an MDO) may be referred to another CONREP program, if clinically indicated. Some of the reasons may be:

* Patient requests the transfer;
* Patient has family or social support resources in the other county;
* Location of victim;
* Patient or program has insufficient resources in present county; and/or
* The safety and welfare of the patient is jeopardized in present community.

General Requirements

Transfer to another CONREP program requires the acceptance of the other CONREP Community Program Director and the approval of the court of commitment. Responsibility for the patient is maintained until the other program has formally accepted responsibility. DMH CONREP Operations staff are to be informed regarding any potential patient transfer, and may become involved in assisting or brokering the referral process, if necessary. The patient should not be permitted to move until all of the following procedures have been completed, as described.

Types of Transfer Referrals

A patient may be transferred to another CONREP operated program through one of the following referral methods:

* Direct Program Referral;

* DMH Brokered Referral; or

* Specialty Treatment Program Referral.

The definitions and specific procedures for each of these types of referrals are discussed below.

TRANSFER TO OTHER CONREP PROGRAM

Definitions

Program of Treatment	The program of treatment is the program which has current responsibility for the ongoing treatment and supervision of the patient. This is either the program of commitment or any other CONREP program which subsequently accepted formal responsibility.
Lead Program	The Lead Program is the CONREP program responsible for providing liaison services to judicially committed and MDO state hospital patients. The Lead Program is either the Program of Commitment or has accepted that responsibility from another CONREP program.
Program of Commitment	The Program of Commitment is the CONREP program responsible for the county from which a judicially committed or MDO patient was committed. Patients who commit an offense while in a state hospital or CDC are the responsibility of the CONREP program of the county which controls any subsequent judicial commitment or MDO status.
Referring Program	The referring program is either the Program of Treatment or Lead Program which initiates the referral to the Prospective Program.
Prospective Program	The prospective program is the CONREP program which is considering acceptance of a patient being referred from a Program of Treatment or Lead Program.

TRANSFER TO OTHER CONREP PROGRAM

Definitions (cont.)

Specialty Treatment Program	A Specialty Treatment Program is either a Statewide Transitional Residential Program [STRP] (Northstar, Southpoint or Gateways Regional) or a Forensic IMD (Institute for Mental Disease) Program for PC 1026(c)/1608 and WIC 6316(a)(3) patients (Foothill Health and Rehabilitation Center).

Direct Program Referral

Definition	A direct program referral is a referral from a CONREP Lead Program or Program of Treatment to another CONREP program due to residence, employment, family or other support system opportunities.
Referral Information	When both the referring program and the prospective program mutually agree regarding the referral, the transfer may be made directly. Prior to the transfer occurring, the referring program shall send the following information to the prospective program: * **Referral Face Sheet (MH 5628);** * The most recent CONREP hospital evaluation for state hospital patients or the most recent Quarterly Progress Report for patients who are on outpatient treatment; * Treatment Plan; Assessments; Terms & Conditions of Outpatient Treatment and Individual Risk Profile (if on outpatient status); * State Hospital six month summaries, psychological assessments and neurological evaluations;

TRANSFER TO OTHER CONREP PROGRAM

Direct Program Referral (cont.)

Referral Information (cont.)

* Clinical notes from the last three months of treatment for those on outpatient treatment; and

* Brief summary of the reason for the referral and specific needs to be addressed including physical, social, financial, psychological, treatment and supervision needs.

Notification to CONREP Operations Liaison

The referring program shall provide a copy of the referral cover letter and **Referral Face Sheet (MH 5628)** to its CONREP Operations liaison. The prospective program shall provide a copy of any response regarding acceptance/rejection to its CONREP Operations liaison.

Prospective Program Acceptance

If the prospective program accepts that patient, it shall then provide a copy of its response to the Hospital Forensic Coordinator (HFC) of the state hospital of record, as well as the CONREP Operations liaison.

Once the patient has been accepted by the prospective program, the referring program shall provide copies of the following additional information to the prospective program:

* All Quarterly and Annual Progress Reports;

* All relevant Forensic Data Base including, but not limited to, the CI&I report, Alienist Report (or MDO evaluators reports for MDO), prior hospital records and police reports;

* Individual Risk Profile; and

* Medication notes.

OUTPATIENT TREATMENT OPERATIONS:

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SEPARATION PROCESS

TRANSFER TO OTHER CONREP PROGRAM

DMH Brokered Referral

Definition

A DMH brokered referral is a referral of a patient who cannot be treated and supervised within a program as a result of limited availability of resources, location of victim, or other unique local circumstances. This type of referral is brokered through CONREP Operations.

Referral Information to CONREP Operations Liaison

The referring program shall initiate a DMH Brokered Referral by submitting a **Referral Face Sheet (MH 5628*)*** to its CONREP Operations liaison with the following attachments:

* Any reports from the State Hospital including six month summaries, psychological assessments, and neurological evaluations;

* Treatment Plan; Assessments; Terms & Conditions of Outpatient Treatment (if on outpatient status);

* Individual Risk Profile and clinical notes from the last three months of treatment for those on outpatient treatment; and

* Brief summary of the reason for the referral and specific needs to be addressed, including physical, social, financial, psychological, treatment and supervision needs.

CONREP Liaison Action

Upon review of the referral, the CONREP Operations liaison shall confer with other Operations staff and/or other programs to identify appropriate CONREP placement options. The primary factors for consideration will be availability of resources, as identified by the patient's needs, and the current caseload of prospective programs.

TRANSFER TO OTHER CONREP PROGRAM

DMH Brokered Referral (cont.)

CONREP Liaison Action (cont.)	The liaison will make every effort to locate at least one prospective program within one week of the date of receipt of the referral. Furthermore, the liaison will send the prospective program the referral package and notify the referring program of this action. The two respective programs will communicate with each other and keep the liaison informed of any relevant action. If the liaison is unable to locate a prospective program, further options will then be explored with the referring program, including the possibility of a regional or statewide tele-conference with selected programs.
Acceptance by Prospective Program	If the prospective program accepts that patient, it shall then provide a copy of the acceptance letter to the Hospital Forensic Coordinator of the state hospital of record and the CONREP Operations liaison. Once the patient has been accepted by the prospective program, the referring program shall provide copies of the following additional information to the prospective program: * All Quarterly and Annual Progress Reports; * All relevant Forensic Data Base including, but not limited to, the CI&I report, Alienist Report or MDO evaluators reports for MDO, prior hospital records and police reports; * Individual Risk Profile; and * Medication notes.

TRANSFER TO OTHER CONREP PROGRAM

Specialty Treatment Program Referral

Definition	A Specialty Treatment Program Referral is a referral from a CONREP Program of Treatment (if the patient is on community outpatient treatment) or CONREP Lead Program (if the patient is in the state hospital) to a Specialty Treatment Program (see page **1430.20** for definition of Specialty Treatment Program).
Referral Procedures	CONREP programs desiring to use Specialty Treatment Programs shall provide an appropriate referral package to the specialty program. All Specialty Treatment Program referrals will consist of a **Referral Face Sheet (MH 5628***)* and the appropriate attachments (see Referral Information under **Direct Program Referral** and **DMH Brokered Referral** on prior pages). Additional information may be required upon placement by the specific Specialty Treatment Program, depending upon programmatic and/or licensing needs. The referring program should review the requirements of the specific program to note additional information to be gathered.

Court Involvement

Request to the Court for Transfer	Judicially committed and PC 2970 MDO patients on Community Outpatient Treatment status require court approval for any proposed transfer. The request for transfer to another CONREP program may be done as part of a quarterly progress report or the annual review, as long as it is done prior to the patient's move.

TRANSFER TO OTHER CONREP PROGRAM

Court Involvement (cont.)

Request to the Court for Transfer (cont.)

The following additional information shall be provided for the court's consideration:

* Clinical and other justification for the transfer;
* Proposed living arrangement;
* Plan for employment/training;
* Social/recreational/family support;
* Name, address, and phone number of prospective program;
* Copy of the letter of acceptance from the prospective program which includes the treatment plan; and
* New signed Terms and Conditions of Outpatient Treatment.

Court Hearing for Disposition

The court of commitment may calendar a hearing to respond to the request for transfer or may act on the matter informally. A copy of the court's disposition will be sent to the Community Program Director, which shall be filed in the patient's chart. The court may:

* Deny the request to transfer. The patient will remain in treatment in the original program with no further action; or

* Approve the request to transfer. The two Community Program Directors will coordinate with one another to transfer treatment/supervision responsibility.

Parolees

The CDC parole agent of record should be consulted and involved in the transfer process for MDO parolees and any SOCP patients who have concurrent parole status. If there is agreement, the CDC parole case will be transferred to the new parole office in the county in which the parolee will reside.

DISCHARGE: JUDICIALLY COMMITTED PATIENTS

Discharge from Commitment

A judicially committed, WIC 6604 or civilly committed PC 2970 MDO patient is discharged from the program only when the court terminates the commitment for outpatient treatment and supervision services in accordance with provisions of PC 1600 et. seq. or WIC 6608(d).

CONREP remains responsible for supervising and treating the patient until the court formally terminates the commitment for treatment.

Court Dispositions

A patient is discharged from his/her commitment only when the court makes one of these determinations:

PC 1372	The client has regained competence to stand trial.
PC 1370(b)	At the 18-month review, the patient is determined to be developmentally or gravely disabled. The patient is then referred to the Regional Center or the conservatorship investigator for further proceedings.
PC 1370(c)	The patient has not regained competence at the end of 3 years, or a period of commitment not to exceed the maximum term of sentence. The patient may be referred to the conservatorship investigator for further proceedings.
PC 1026.2(e)	After one year of outpatient treatment, the patient's sanity has been restored and he/she is no longer a danger to the health and safety of others, including himself or herself.
PC 2972(e)	The patient no longer meets the MDO criteria for continued involuntary treatment as described in this section of the Penal Code.

DISCHARGE: JUDICIALLY COMMITTED PATIENTS

Court Dispositions (cont.)

WIC 6325(a)	The patient will not benefit from additional treatment and is not a danger to the health and safety of others. The MDSO commitment is terminated and criminal proceedings reinstituted.
WIC 6325(b)	The patient has not recovered, remains a danger to the health and safety of others, and would not benefit from further care and treatment. The MDSO commitment is terminated and criminal proceedings reinstituted.
WIC 6608(d)	The patient no longer meets the SVP criteria for continued involuntary treatment as described in this section of the Welfare and Institutions Code.

DISCHARGE: MENTALLY DISORDERED OFFENDER

Criteria for Discharge

Board of Prison Terms	A MDO parolee/patient can be discharged from CONREP if the BPT terminates the patient's parole or the MDO special condition of parole.
DMH Determination [PC 2968]	The second method of discharge is when a CONREP program determines that the severe mental disorder of the patient is in remission and can be kept in remission and the DMH Director certifies those findings to the BPT. The remainder of the discussion in this section regarding the discharge of an MDO parolee/patient deals with the procedures to determine whether he/she is in remission.

Definitions [PC 2962(a)]

"Remission"	A finding that the overt signs and symptoms of the severe mental disorder are controlled either by psychotropic medication or psycho-social support.
"Can be Kept in Remission"	During the previous twelve months the parolee has: * Not been physically violent (except in self defense); * Not made a serious threat of substantial physical harm upon another so as to cause the target of the threat to reasonably fear for his or her safety or the safety of his or her immediate family; * Not intentionally caused property damage; and * Voluntarily followed his or her treatment plan.

DISCHARGE: MENTALLY DISORDERED OFFENDER

Dispositional Staffing Conference

Whenever the Community Program Director has reason to believe that an MDO parolee/patient is in remission and can be kept in remission, a dispositional staffing conference shall be scheduled to formally make that determination and recommendation to the DMH Director.

Remission Evaluation

The following issues need to be addressed in the psychological evaluation, dispositional staffing conference and Remission Evaluation Report.

Current Mental Status

A description of the patient's current behavior and mental status as these relate to the remission definitions as indicated above per PC 2962(a). Include statements as to whether or not the parolee/patient's severe mental disorder:

* Is in clinical remission; and

* Can be kept in remission without treatment.

Summary of Treatment

A succinct description of the parolee-patient's treatment, addressing the clinical issues surrounding the instant offense and dangerous behavior.

Medication/Support

A determination as to whether or not the overt signs and symptoms of the parolee/patient's severe mental disorder are controlled either by psychotropic medications, psychosocial support, or both.

DISCHARGE: MENTALLY DISORDERED OFFENDER

Remission Evaluation (cont.)

Additional Factors	A discussion of secondary diagnoses or nondiagnostic factors (e.g., criminal lifestyle, gang membership, developmental disability, or personality disorder) which are not necessarily related to the parolee/patient's mental disorder, but which may affect the parolee/patient's community adjustment.
Recommendation	A recommendation for continuing outpatient services and parole supervision which are appropriate for both the parolee/patient's severe mental disorder and secondary diagnosis or nondiagnostic risk factors which are relevant to the case.
Discharge Date	The proposed date of discontinuation of treatment.

Remission Certification Procedures

Remission Evaluation Report Submission [MH 1789]

If the disposition is to recommend discharge, then a Remission Evaluation Report addressing the above issues shall be written. The Community Program Director shall submit the report, incorporating the following documents, to the CONREP Operations Liaison:

* Completed form **MH 1789, Certification of Parolee/Patient Remission**; and
* Current psychological evaluation.

The CONREP Operations Liaison will review the documents and forward them to the CONREP Operations Manager who will prepare a transmittal via the Chief, Forensic Services Office to the DMH Director's Office for action. A courtesy copy should be sent to the CDC parole agent of record.

DISCHARGE: MENTALLY DISORDERED OFFENDER

Remission Certification Procedures (cont.)

DMH Director Responsibility

The DMH Director shall sign the Certification of Parolee/Patient Remission and enter the date of discontinuation of treatment onto the MH 1789 form. This date should reflect consideration of the date proposed by the Community Program Director and any additional time required for discharge planning.

The signed original copy shall be returned to the Community Program Director.

CONREP Responsibility

The Community Program Director shall assure that the discharge is affected in a timely manner in coordination with the CDC parole agent.

The Community Program Director shall forward the original MH 1789 to the Board of Prison Terms and send copies to the:

* Parolee/patient;
* Parolee/patient's attorney of record;
* CDC Parole Agent;
* State Hospital from which transferred;
* CONREP Operations Manager; and
* DMH Forensic Services Office.

DISCHARGE: SEX OFFENDER COMMITMENT PROGRAM [WIC 6604]

Methods of Discharge

Court Action at Annual Renewal	A patient committed as an SOCP may be discharged from CONREP if the court terminates the patient's commitment at the annual renewal hearing.
DMH Determination [WIC 6607(a)]	A patient committed as an SOCP may also be discharged when a CONREP program believes that the person is no longer a Sexually Violent Predator and the DMH Director initiates a recommendation for discharge to the committing court [WIC 6605(f)].
Dispositional Staffing Conference	Whenever the Community Program Director has reason to believe a person committed to the SOCP is no longer a Sexually Violent Predator, a dispositional staffing conference shall be scheduled to formally make that determination and recommendation to the Director of the State Department of Mental Health
Specific Factors to be Considered	The following factors should be addressed during the dispositional staffing conference and subsequent report.
Diagnosis	A statement specifying whether or not the patient has a diagnosed mental disorder.
Current Mental Status	A description of the patient's current behavior and mental status as these relate to the diagnosed mental disorder which led to the current commitment

DISCHARGE: SEX OFFENDER COMMITMENT PROGRAM [WIC 6604]

Specific Factors to be Considered (cont.)

Likelihood of Engaging in Sexually Violent Criminal Behavior	A statement specifying whether the patient is more likely than not to engage in sexually violent criminal behavior in the future. The statement should include any risk factors known to be associated with risk of reoffense among sex offenders. These should be assessed in determining that the person is not likely to engage in sexually violent criminal behavior, if discharged.
Treatment Course and Clinical Issues	A succinct description of the patient's treatment and progress relative to treatment goals and objectives. This should address the clinical and high risk relapse issues surrounding the mental disorder, instant offense and sexually violent relapse behavior.
Medication/Support	A description of any medications the patient has been prescribed, compliance with them and demonstrated willingness to take them voluntarily.
Additional Factors	A discussion of secondary diagnoses or nondiagnostic factors (e.g. criminal lifestyle, gang membership, developmental disability, personality disorder, support system; substance abuse) which are not necessarily related to the patient's mental disorder, but which may affect the patient's community adjustment.

DISCHARGE: SEX OFFENDER COMMITMENT PROGRAM [WIC 6604]

Report Recommendation

A recommendation for continuing sex offender treatment which is appropriate for both the patient's diagnosed mental disorder and high risk factors for relapse into sexual offending. The rationale and the decision must be consistent.

Victim Names

All victim names must be deleted from any SOCP patient report made by the CONREP program unless prior permission for release of information is obtained from the victims.

Procedures to Initiate Request for Discharge

Recommendation for Discharge of SOCP Patient [MH 7021]

If the disposition is to recommend discharge, then a report addressing the specific factors discussed above shall be attached to a form **MH 7021, Recommendation for Discharge of Sex Offender Commitment Program Patient**.

The Community Program Director shall forward the MH 7021, along with the Dispositional Staffing report to the CONREP Operations Manager who will prepare a transmittal via the Chief, Forensic Services to the DMH Director's Office for action.

DMH Director Responsibility

The DMH Director shall review the request for petition, gather any further information needed. The DMH Director will either sign the petition or state the reasons for not signing the petition before returning it to the Community Program Director.

DISCHARGE: SEX OFFENDER COMMITMENT PROGRAM [WIC 6604]

Procedures to Initiate Request for Discharge (cont.)

Submission of Approved Discharge Recommendation to Court

After all of the above steps have been followed, the Community Program Director shall forward the original MH 7021, which has been signed by the DMH Director, to the committing court and send copies to the:

* Patient;
* Patient's attorney of record;.
* State hospital from which the patient was transferred;
* Manager of CONREP Operations; and
* A courtesy copy should be sent to any CDC parole agent, if applicable.

Additional Information

For more information about Sex Offender Commitment Program procedures, please refer to manual **Section 1250: SEX OFFENDER COMMITMENT PROGRAM [WIC 6604].**

ABSENT WITHOUT LEAVE (AWOL)

Declaration of AWOL

A patient is declared AWOL when the program determines that the patient is absent without leave and therefore not receiving treatment and supervision as ordered by the court. This declaration may occur whenever sufficient information is available to support this determination.

Criteria

A patient must be declared AWOL under either of the following circumstances:

* Fails to appear for two consecutive appointments and is unable to be contacted or provides unacceptable excuses or rationalizations; or
* Moves or leaves the county or adjacent areas without authorization.

Special Incident Report

A determination that a patient is AWOL is considered a Special Incident. Therefore, the procedures described in manual **Section 1450: SPECIAL INCIDENTS** are to be followed, including the filing of a Special Incident Report.

Attempts to Locate

Attempts should be made to locate the patient by contacting the following:

* Family and friends;
* Roommates and significant others;
* Employer;
* Other local inpatient and outpatient mental health programs; and
* Local law enforcement.

MDO Notification

When an MDO parolee/patient has been declared AWOL, the parole agent of record shall be notified within 3 business days. The CONREP program must request a copy of the Miscellaneous Decision to Apprehend from the parole agent. The CONREP program should consult with the parole agent to determine whether parole revocation or rehospitalization will occur upon apprehension of MDO parolee/patient.

ABSENT WITHOUT LEAVE (AWOL)

Revocation for Judicially Committed and MDO Civil Patients

The CONREP program shall initiate action to revoke outpatient status for an AWOL judicially committed or MDO Civil Commitment patient within 3 business days and request that the court issue a bench warrant for his/her apprehension.

DMH Reporting Procedure

Within 3 days after a Judicially Committed, MDO Civil Commitment or MDO Parolee/ Patient is determined to be AWOL, the CONREP program must report that status in the CONREP Data System and via the **MH 1716 Patient Transaction Form** which must be faxed to DMH Forensic Services (916-654-2111).

Collateral Contact

The program must conduct at least one collateral contact after a patient has been declared AWOL. The contact must be made by the end of the month following the declaration of AWOL. (For example, if a patient is reported AWOL during the month of April, a collateral contact must be made prior to the end of May.)

Thereafter, no regular collateral contacts are required, but programs are expected to periodically contact persons who may have knowledge of the patient's whereabouts.

Return from AWOL

If the patient is located and is able to justify his/her absence, outpatient treatment and supervision services may resume with a warning that any further absences may result in revocation of outpatient status.

If the patient is located within four weeks, and is unable to justify his/her absence, a clinical decision is to be made to either resume treatment or initiate action to revoke the patient's outpatient status. All core treatment service requirements are reinstated once a patient is removed from AWOL status.